CNUP SUMMER UNDERGRADUATE RESEARCH PROGRAM

2010 Application

Postmark deadline: Wednesday, February 17, 2010
Receipt deadline: 5:00 p.m., Friday, February 19, 2010 for all fax and email components

Personal Information:

Full name: __________________________________________________________

Undergraduate Institution: ____________________________________________

Expected Graduation Date: _______________ Major: _______________________

Prior Research Experience? _______ _______ QPA (GPA): ______________________

yes no

Mailing Address:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

E-mail Address: ______________________________________________________

Telephone Number:

Cell: _______________________________ Other: __________________________

Optional Information:

Sex: ___ Male ___ Female

Race/Ethnic Status: ___ African American ___ American Indian/Alaskan

___ Asian/Pacific Islander ___ Caucasian ___ Hispanic

___ Other, specify: __________________________

Disability: ___ Auditory ___ Motor/Physical ___ Visual ___ None

___ Other, specify: __________________________

Date of Birth: _____ / _____ / _____ (MO/DAY/YEAR)
The following information and materials must be received before your application will be reviewed.

An Official Transcript. This should be complete up to and including your Fall 2009 term grades.

Potential Faculty Mentors. After reviewing the research interests of CNUP Training Faculty members, please choose the top 3 with whom you’d potentially like to work, plus 2 others if appropriate.

1st choice ____________________________________ 4. ____________________________________
2nd choice ____________________________________ 5. ____________________________________
3rd choice ____________________________________

Personal Statement. This statement should be typed, double-spaced and 1-2 pages long. In your statement please describe (1) previous research experience, if any, and (2) your plans regarding post-baccalaureate training and anticipated future career goals.

We will make an effort to match successful applicants with one of their indicated faculty mentor choices. Therefore, in the final portion of your personal statement, please clearly state why you would like to work with each of the CNUP training faculty listed above (this can be done in one or two sentences for each choice indicated).

Two Letters of Recommendation. Please request letters from two faculty members (usually at your home institution) who best know your academic work and list these individuals below.

Name: _______________________________ Name: _______________________________
Institution: __________________________ Institution: ___________________________
Department: __________________________ Department: _________________________
Email address: _________________________ Email address: _______________________
Telephone: ___________________________ Telephone: _________________________

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Mail application materials to:
Patti Argenzio
Center for Neuroscience
E1440 Thomas E. Starzl Biomedical Science Tower
200 Lothrop Street
University of Pittsburgh
Pittsburgh, PA 15261
Telephone: (412) 648-9537 - Fax: (412) 648-1441 – Email: argenzio@pitt.edu

applicant's signature _______________________________ Date of application _______________________________